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Promotion and protection of the rights of children

Status of the Convention on the Rights of the Child

Report of the Secretary-General

Summary

The General Assembly, by its resolution 44/25, adopted the Convention on the Rights of the Child. As at 1 July 2009, the Convention had been ratified or acceded to by 193 States. By its resolution 54/263, the Assembly adopted two Optional Protocols to the Convention. As at 1 July 2010, the Optional Protocol on the involvement of children in armed conflict had been ratified by 132 States and the Optional Protocol on the sale of children, child prostitution and child pornography had been ratified by 137 States.

Pursuant to resolution 64/146, the implementation of child rights in early childhood is the focus of section IV of the present report, which highlights roles and responsibilities at different levels for the fulfilment in early childhood of the rights to survival, development, protection and participation.

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I. Introduction

1. In its resolution 64/146, the General Assembly requested the Secretary-General to submit to it at its sixty-fifth session a report on the status of the Convention on the Rights of the Child, with a focus on implementing child rights in early childhood. The present report is submitted in accordance with that request.

II. Status of the Convention on the Rights of the Child

2. As at 1 July 2010, the Convention on the Rights of the Child[1] had been ratified or acceded to by 193 States, and two States had signed the Convention.[2]

3. As at 1 July 2010, the Optional Protocol on the involvement of children in armed conflict had been ratified by 132 States, and the Optional Protocol on the sale of children, child prostitution and child pornography had been ratified by 137 States.[2]

III. Implementation of the Convention on the Rights of the Child

4. During the reporting period, the Committee on the Rights of the Child held its fifty-second to fifty-fourth sessions at the United Nations Office at Geneva, from 14 September to 2 October 2009, from 11 to 29 January 2010 and from 25 May to 11 June 2010.

5. The Chair of the Committee will present her oral report to the General Assembly at its sixty-fifth session, addressing major issues related to the work of the Committee during the past year. The Chair will also provide information on the reduction of the backlog of reports during 2010, when the Committee met in two parallel chambers, pursuant to resolution 63/244.

IV. Implementing child rights in early childhood

A. Human rights and young children

6. The Convention on the Rights of the Child defines a child as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (art. 1). Young children are therefore entitled to all of the rights enshrined in the Convention and, as noted by the Committee on the Rights of the Child in its general comment No. 7, "Implementing child rights in early childhood" (2005), to special protection measures and the progressive exercise of their rights in accordance with their evolving capacity. The principles of universality, indivisibility and interdependence of all human rights apply to early childhood, as to later phases of childhood. In the same way, the Convention's general principles of non-discrimination, best interests of the child, rights to life, survival and development, and the right of the child to be heard apply equally to

[1] United Nations, *Treaty Series*, vol. 1577, No. 27531.

[2] See www.ohchr.org.

young children as they do to older children. The Convention makes clear the obligation to respect all children as active members of families, communities and societies, with their own specific needs, interests and points of view.

7. Early childhood, which is defined in general comment No. 7 as the period below the age of 8 years, is a period of survival, growth and development, which includes crucial processes shaping the human brain and influencing a range of health and social outcomes throughout life. The imperative need to realize rights during early childhood is supported by scientific evidence and well-evaluated strategies and programmes.[3]

8. Young children are active participants in the realization of their rights. At birth, they seek out responsive care and nurturance from those around them and communicate their feelings, well before they are able to express views through language. The quality of their earliest relationships and care is crucially important for their survival and development.

9. States have an obligation to ensure that the rights of the child are fully implemented. However, the exercise of rights in early childhood is strongly contingent upon the capacities and resources available to the major caregivers of the young child. This includes the full range of those who take responsibility for their care, education and development, such as the child's parents or, where applicable, the members of the extended family or community as provided for by local custom; legal guardians or other persons legally responsible for the child; and childcare professionals, as well as, later, the teachers and other community members. The ability of these individuals to care for the child is in turn strongly affected by their enjoyment of human rights, including economic circumstances; their access to basic information and services; the level of political stability in the community, region or country; and the laws and policies that have an impact on their roles. Recognizing these interdependencies is necessary in order to provide support and assistance to family members or other major caregivers, notably through social protection programmes, health care and education.

10. Many young children routinely cope with moderate levels of stress and often display extraordinary resilience. However, where risk factors multiply, a negative cycle can be triggered, whose impacts can be felt throughout the child's life, and intergenerationally. This includes the effects of human rights violations, such as those related to extreme poverty, disease, conflict, inadequate care, neglect, violence and exploitation. Early childhood presents a window of opportunity for preventing negative outcomes. Early childhood interventions represent cost-effective strategies, and, as a general rule, early interventions generate higher rates of economic return and yield more positive long-term outcomes for individuals and society than later interventions.

11. Implementing rights in early childhood requires a comprehensive, child-centred framework of laws, policies and community-based services. Offering a continuum of care, health care, education and development through a multisectoral approach is of prime importance to enable young children to exercise their rights and achieve their full potential. This must include all children, without discrimination.

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[3] See *Early Childhood Development: A Powerful Equalizer* (World Health Organization (WHO), 2007).

12. Accordingly, a strong, positive agenda for rights in early childhood, as recommended in general comment No. 7 of the Committee on the Rights of the Child, is necessary. Such an agenda requires a shift in attitude, in ways that recognize that young children are active participants in their development, not passive recipients of care and teaching. A positive agenda also requires the development of comprehensive policies and national action plans to ensure respect for the rights of the young child.

B. Progress in fulfilling rights in early childhood: current worldwide situation

Indicators of progress

13. Evidence of progress in implementing rights in early childhood takes several forms. Progress can be seen through: (a) increased adoption and use of strong, rights-based frameworks for development of policy and programmes in early childhood; (b) increased public and professional awareness of the importance of rights in early childhood and of the responsibilities of care providers, as well as young children's own growing understanding of their rights and responsibilities; and (c) evidence from monitoring reports on improvements in basic indicators, including of children's survival, health, education and well-being. These areas of progress must be properly monitored, drawing on tools specifically relevant to rights in early childhood.[4]

14. Achievement of the Millennium Development Goals and other internationally agreed goals can be a strong indicator of progress in many aspects of rights in early childhood. The Millennium Development Goals are closely interconnected in their impact on the rights of the young child. Poverty, maternal and child survival, nutrition, health, protection from violence, abuse and exploitation, gender equality and human development have short- and long-term consequences for the rights of young children, with implications for future generations, as poverty cycles are reproduced.

Maternal and child health

15. Maternal health is crucial for child survival and health, especially at birth and during the earliest weeks of life. Fulfilling the mother's right to health is therefore an imperative to ensure that child rights are fulfilled in early childhood. Millennium Development Goal 5, the aim of which is to improve maternal health, is one of the Goals on which the least progress has been made. While there has been some decline in maternal mortality rates since 1990, the rate of decline is cruelly insufficient to meet the 2015 targets. Globally, 99 per cent of maternal deaths occur in low-income countries, and just 10 countries account for almost two thirds of the deaths. Profound inequalities also exist within countries. Over half of maternal deaths are due to complications at the time of childbirth[5] and can be prevented and/or treated.

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[4] Following the adoption of general comment No. 7, and a subsequent request by the Committee, an expert group, including a representative of the Committee, was established to develop a set of indicators and accompanying implementation manual.

[5] *Progress for Children: A Report Card on Maternal Mortality* (United Nations Children's Fund (UNICEF), 2008).

16. The right to survival is enshrined in the Convention on the Rights of the Child, and progress in reducing child mortality has been modestly encouraging. Millennium Development Goal 4 calls for a reduction in the mortality rate of children under 5 years of age by two thirds between 1990 and 2015. Since 1990, the number of deaths of children under 5 has declined from 12.5 million annually to 8.8 million in 2008.[6] This represents an annual decline of only 1.5 per cent, which will need to be accelerated to over 5 per cent per year during the countdown years to 2015 in order to reach that Goal. The most recent estimates show that maternal and child malnutrition contributes to more than one third of child deaths.[7] Progress in reducing child mortality in many countries, especially in sub-Saharan Africa and South Asia, has been poor, and in a number of those countries, 1 child out of every 10 dies before reaching the age of 5. Furthermore, there are considerable disparities in mortality within many countries; in some, the child mortality rate in the poorest quintile of the population is more than double that in the richest quintile. While some progress has been made in the reduction of deaths among children under 5, there has been virtually no reduction in neonatal deaths. Globally, neonatal deaths now constitute more than 40 per cent of deaths of children under 5.

17. Research efforts have identified many effective interventions known to have a great impact on maternal, newborn and child mortality and morbidity. A common feature among the countries that have made major progress towards Millennium Development Goal 4 has been the scaling up of high-impact packages of these effective interventions.[8] Examples of such interventions are vitamin A supplementation; distribution and use of long-lasting insecticide-treated nets; immunization (including against measles and maternal and neonatal tetanus and the introduction of new vaccines); and prevention of mother-to-child transmission of HIV, a highly effective intervention.[9] Evidence shows that the barriers to universal coverage of health services can be overcome by prioritizing diseases of the poor, deploying services where the poor live, removing financial barriers and monitoring coverage and impact with an "equity lens".

Loss of human potential

18. Every child has the right to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn.[10] Yet, as reported by the World Health Organization (WHO), it has been estimated that over 200 million children under 5 years of age are not reaching their full potential because of poverty, poor health and nutrition, and deficient care.[11]

19. Although more comprehensive child development indicators are needed, stunting is currently one of the clearest indicators that child development is not being achieved. It is common knowledge that the child who is healthy and well

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[6] *The State of the World's Children 2010* (UNICEF).

[7] *Tracking Progress on Child and Maternal Nutrition* (UNICEF, 2009).

[8] *The State of the World's Children 2008* (UNICEF).

[9] *Towards Universal Access: Scaling up HIV Services for Women and Children in the Health Sector* (UNICEF, Joint United Nations Programme on HIV/AIDS and World Health Organization, 2009).

[10] General Assembly resolution S-27/2.

[11] *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health* (WHO, 2008).

nourished learns better. It is also now well recognized that a healthy environment, with good nutrition and positive learning opportunities, affects the development of the brain. Conversely, malnutrition, early disease and a stressful environment can impair brain development, with negative consequences for psychomotor and cognitive indicators, including attention span, as well as education outcomes.[12] Despite a decline in stunting prevalence since 1990, from 40 per cent to 29 per cent, approximately 195 million children under 5 in the developing world remain stunted, with large disparities between the richest and poorest both within and between countries. Eighty per cent of the global burden of chronic undernutrition is in 24 countries (with stunting prevalence above 50 per cent in Afghanistan, Burundi, Ethiopia, Guatemala, Madagascar, Malawi, Rwanda, Timor-Leste and Yemen).[7]

20. It is encouraging to report that 63 countries (out of 117 with available data) are on track to achieve the nutrition target of Millennium Development Goal 1 (reduction of the prevalence of underweight children). There is a need, however, for increased attention to stunting as an indicator of nutrition as well as overall child development and well-being. A number of countries have significantly decreased stunting rates — including Bangladesh, Mauritania and Viet Nam — underscoring that marked improvements can be achieved. Peru's "Good start in life" programme is an effective model of working with a range of stakeholders to strengthen the capacity of rural health workers; it has helped reduce stunting in children under 3. Despite this progress, large disparities still exist in reaching the most disadvantaged children. For example, in both Bangladesh and Viet Nam, prevalence of stunting in the poorest quintile of the population is twice that in the richest quintile.[7]

21. Millions of young children grow up in difficult circumstances that make them vulnerable to exclusion and expose them to multiple risks that may jeopardize their development. These include the risks inherent to extreme poverty and deprivation, as well as those associated with the loss of parental care, being surrounded by conflict and violence, being displaced from one's home or being abandoned and institutionalized. These risks leave young children dependent on others to offer protection and promote their best interests. The Convention on the Rights of the Child identifies additional risks requiring special protection, including economic exploitation; substance abuse; sexual abuse and exploitation; sale, trafficking and abduction; deprivation of liberty; or accusations of breaking the law.[13]

22. In order to better monitor children's right to develop to their full potential, an internationally agreed set of core indicators needs to be established and reported upon regularly. Several instruments have been promoted to close this information gap. They include Save the Children's Child Development Index and the Early Development Instrument promoted by the World Bank. UNICEF has developed an Early Childhood Development Index to be used as part of the multiple indicator cluster survey and other household surveys. The Early Childhood Development Index will further enhance effective data collection to monitor the full implementation of the Convention on the Rights of the Child, as well as any other internationally agreed instruments, to ensure full realization of child rights in early childhood.

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[12] Ibid.

[13] Articles 19-23, 32-35 and 40 of the Convention.

Birth registration

23. A first step in fulfilling children's rights is to ensure that all children are registered immediately after birth, in accordance with article 7 of the Convention on the Rights of the Child. Birth registration should be free and universal. It establishes a child's name and identity and facilitates his or her entitlement to basic services such as health care, education and social protection, consistent with their rights. Children who have not been registered are much more vulnerable to different forms of abuse, violence and exploitation, being "invisible" to the State and thus beyond the reach of the protection and services to which they are entitled. Lack of birth registration may also prevent children from exercising their civil and political rights during childhood and later in life.

24. About 51 million newborns were not registered at birth in 2007. In sub-Saharan Africa and South Asia, nearly two thirds of children were not registered. Children from the poorest households are twice as likely not to be registered as children from the richest households. Other marginalized groups, including indigenous children, also have low registration rates.[14] All necessary measures should be taken to ensure that all children are registered at birth. This can be achieved through a universal, well-managed and culturally sensitive registration system that is accessible to all and free of charge. Widespread challenges include the lack of access to the most disadvantaged populations in remote and rural areas and the prohibitive distances and costs for parents to travel to civil registration offices. Integrating birth registration into social services, including health services and early childhood development programmes, can increase registration rates. Mobile registration has been especially successful in reaching indigenous communities in remote areas, including in Nicaragua and Peru. Effective awareness-raising campaigns are also important in order to increase people's understanding of the value of birth registration and stimulate collective support for it.

Early childhood care and education

25. One of the most effective ways to ensure that every child has a good start in life is through high-quality early childhood care and education programmes. "Learning begins at birth",[15] and, accordingly, goal 1 of the Education for All initiative calls for action on "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children".[16] Currently, that goal is far from being achieved. Globally, it is estimated that 140 million children were enrolled in early childhood care and education in 2007, compared with 113 million in 1999, but with variations between regions and countries and within countries. For example, gross pre-primary enrolment ratios range from 15 per cent and 19 per cent in sub-Saharan African and Arab States, respectively, to 50 per cent in Central and Eastern Europe, 56 per cent in Latin America and the Caribbean and 75 per cent in North America and Western Europe. Far too many children and families are disadvantaged not only by the poverty of their circumstances, but also by the difficulties they face in having access to quality

[14] *Progress for Children: A Report Card on Child Protection* (No. 8) (UNICEF, 2009).

[15] World Declaration on Education for All (United Nations Educational, Scientific and Cultural Organization (UNESCO), Thailand, 1990).

[16] Dakar Framework for Action (World Education Forum, Senegal, 2000).

programmes and services.[17] The United Nations Educational, Scientific and Cultural Organization *EFA Global Monitoring Report 2009* concluded: "While coverage rates are increasing worldwide, early childhood services of good quality remain inaccessible to the majority of the world's children. This is especially true for children in the poorest countries — and for the most disadvantaged among them. The upshot is a perverse outcome for equity: those with the most to gain from [early childhood care and education] are least likely to participate" (p. 42).

26. Marked disparities exist in organization and philosophy, curriculum and pedagogy, funding levels, governance and accountability of early childhood care and education. In many countries, early childhood care and education spans several government departments, alongside large and small non-governmental organizations and community-based programmes and, in some countries, with significant private sector involvement. Unfortunately, early childhood care and education is frequently uncoordinated as a sector and uncoordinated with primary education[18].

27. Data collected between 1999 and 2003 for 56 developing countries showed that children from the poorest households and with the least educated mothers were consistently much less likely to attend a preschool programme than their more advantaged peers, as public funding for education generally becomes available only at the primary level. Children in rural areas were also less likely to attend than those from urban areas, although these effects were largely accounted for by household poverty and mothers' education. Living in one of the poorest households in Zambia cut the chance of participating in early childhood care and education by a factor of 12 compared with children in the wealthiest households, while the factor rose to 25 in Uganda and 28 in Egypt.[17] Such figures demonstrate the degree to which the provision of early childhood services is linked to inequalities associated with the home environment. Even where disadvantaged children do have access to early childhood services, the services may be of lower quality than those available to their more advantaged peers.

28. More recent data confirm these trends. On average, only one in five children aged 3 to 5 years in developing countries has access to any form of organized (formal or informal) early childhood care and education. Nevertheless, it is encouraging to report that several countries in each region have made strong progress in providing access to early childhood care and education, such as Belarus (where 86 per cent of 3- to 5-year-olds have access to some form of organized early childhood care and education), Jamaica (86 per cent), Trinidad and Tobago (75 per cent), Thailand (61 per cent), Viet Nam (57 per cent) and Ghana (52 per cent).

29. While many targeted programmes reach individual disadvantaged children, overall inequities remain prevalent. The combination of growth in private provision and weaknesses in public programmes means that, overall, the early childhood care and education sector is rarely pro-poor. Large discrepancies in early childhood care and education enrolment between children from the poorest versus the most affluent

[17] *EFA 2010 Global Monitoring Report. Reaching the Marginalized* (UNESCO, 2009).

[18] *Starting Strong II: Early Childhood Education and Care* (Organization for Economic Cooperation and Development (OECD), 2006).

20 per cent of households are reported for countries such as Ghana (23 per cent versus 87 per cent) and Georgia (17 per cent versus 70 per cent).[19]

30. As a consequence, by the time children are in the early stages of primary school, there are already gross disparities in their cognitive skills and readiness for learning. These inequities continue through school, where discrimination related to poverty levels, location in rural versus urban areas, gender, disability, language and ethnicity are among the factors contributing strongly to marginalization and social exclusion.[17]

31. Nevertheless, there are several good examples of early childhood programming that have provided visionary, creative and high-quality learning opportunities for young children and families promoting the holistic development of the child. Community-based comprehensive early childhood programmes such as Wawa Wasi centres in Peru, parenting programmes in Jordan and Turkey, Step by Step preschool programmes in Central and Eastern Europe, community-based childcare centres in Burkina Faso, Kenya, Malawi, Nepal, the Philippines, Swaziland and the United Republic of Tanzania, and mobile yurt kindergartens in Mongolia are among the most inspiring models of promoting cost-effective and sustainable early childhood care and education services. They are tailored to local needs of families and communities, making them accessible to those who are most at risk.

Transition to primary school

32. The definition of early childhood as below the age of eight years includes children making the important transition into primary education. Successive UNESCO reports have emphasized that increased enrolment rates are not sufficient as an indicator of progress in implementing every child's right to education. Evidence on grade repetition rates and school dropout in the first grade suggests that many children are not coming to school ready to learn and that many schools are failing to support their successful transition into school. Specific attention must be given to improving the transition into primary school, particularly for disadvantaged children. Children from the poorest 20 per cent of households are two to three times less likely to attend primary school than those from the most affluent 20 per cent, and girls in rural or the very poorest households are most likely to be excluded from primary school. Children from indigenous and minority groups represent the largest percentage of those out of school — between 50 and 70 per cent, worldwide; and children with disabilities are the least likely to go to school at all.[17]

33. The right of young children to education is not respected where children face overcrowded classrooms, with teaching that is ill-suited to their needs, often combined with inappropriate disciplinary approaches. Reforms are currently under way in many countries to address the quality imperative through strengthening of school infrastructures, resourcing, curricula, pedagogy and professional development. It is also essential to improve coordination between primary education and early childhood care and education services to ensure a smooth transition to primary school.

[19] UNICEF multiple indicator cluster survey available at www.childinfo.org.

Multiple inequities

34. The indicators cited above highlight immense inequities in progress made towards the implementation of children's rights in early childhood. In addition, they show that the child's capacity to achieve his or her full potential and exercise his or her rights throughout life is shaped by the circumstances of birth, including those that affect the mother and other immediate caregivers.

35. The provision of appropriate health care and nutrition in the first two years of life is essential for the healthy growth of children. Many young children start life with a double burden: (a) their mothers are among the least educated and have the fewest resources to support them; and (b) they are the least likely to have access to quality health care, proper nutrition, education and protection. All too often these disadvantages are amplified by marginalization and in some cases discrimination, throughout early childhood, particularly affecting children with disabilities, indigenous children, minority children and other marginalized communities. The provision of high-quality early childhood services targeted to disadvantaged children and families can be a powerful equalizer, fulfilling rights, promoting social justice and positively affecting society.

Marginalized groups

36. Despite robust international and national legal frameworks in support of human rights, the social groups that have traditionally suffered from marginalization and discrimination within their countries and societies are still consistently the most at risk of having their rights violated or unfulfilled.

37. These rights are most at risk when systems are configured around segregation of and discrimination against children based on their, or their parents' or legal guardians', race, colour, sex, language or religion; political or other opinion; national, ethnic or social origin; or property, disability, birth or other status. Compounded forms of discrimination, whose effects can be multiplicative, highlight even greater barriers to the fulfilment of children's rights. In certain regions, there is a legacy of systematically categorizing young children with disabilities and admitting them to special, often residential, institutions where they may be abandoned by their parents and stigmatized by society. In many countries, lack of culturally appropriate assessments, pervasive prejudice and limited ability of the education system to accommodate diversity have resulted in gross overrepresentation of children in segregated special classrooms and schools.[20]

38. National statistical averages can disguise disparities in opportunities available to children. For example, overall progress is being made towards greater gender equity in access to early care and education in most regions. Data from multiple indicator cluster surveys suggest that gender disparities are generally insignificant in terms of overall rates of early childhood enrolment, except in Arab States, where 9 girls are enrolled for every 10 boys.[17] However, at the community level, the reality may be different. Poverty and restricted opportunities often combine with certain traditional attitudes and practices towards girls and boys, in shaping household decision-making about the balance of economic activity, about domestic responsibilities versus education and about the choice of school (especially between

[20] *Innocenti Social Monitor 2009: Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States* (UNICEF, 2009).

public and private schools). The effect is therefore a gender imbalance between boys' and girls' access to quality early childhood care and education and primary education, once the data are disaggregated to the community and household level in many regions.

Alternative care for children

39. In some circumstances, alternative care becomes necessary for children who are deprived of parental care or are at other forms of risk. General Assembly resolution 64/142 welcomed the Guidelines for the Alternative Care of Children, a set of orientation principles to help inform policy and practice in this regard. The Guidelines affirm that the family is "the fundamental group of society and the natural environment for the growth, well-being and protection of children" but also that the State is responsible for ensuring appropriate alternative care in situations where the child's own family is unable to do so, even with appropriate support. The Guidelines build on two principles: (a) establishing the necessity of alternative care and (b) identifying the appropriateness of alternative forms of care. All efforts should be made to strengthen families with a view to keeping the child with his or her family. Only in cases where efforts to enable the child to remain within the family are not feasible, or not successful, should alternative care be considered. All decisions should be made on a case-by-case basis, to ensure the child's safety and security. They must be grounded in the best interests and rights of the child concerned, without discrimination, and fully respect the child's right to be consulted. They also need to be culturally sensitive. Options include foster care, other family-based environments or small-group residential care. Keeping in mind that removing a child from the care of his or her family should be a measure of last resort, family-based alternative care is identified as the best alternative-care option for young children, especially for children below the age of 3 years.

Violence towards young children

40. Exploitation and violence undermine the realization of children's rights, and particularly the rights of young children. All children, including young children, have a right to be protected from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

41. The United Nations Study on Violence against Children drew attention to widespread failure to protect children from the various forms of violence that they face in the family, school, care and justice institutions, places of work and community settings.[21] Building upon General Assembly resolution 62/141, the position of Special Representative of the Secretary-General on Violence against Children has been established by the Secretary-General to promote the dissemination of the United Nations Study and ensure follow-up to its recommendations. In her global advocacy role of preventing and addressing all forms of violence against children of all ages, including young children, the Special Representative has placed a special emphasis on three strategic areas:

(a) The development in each State of a national comprehensive strategy to prevent and respond to all forms of violence, mainstreamed in the national planning

[21] See A/61/299.

committed to making it a key part of policy reform to expand quality early childhood development to the most vulnerable.

50. Policies and programmes that effectively encompass the continuum of care, health, education and development have the potential to better address the rights of each individual child, thereby promoting social justice and helping break cycles of poverty.

C. Impact of global economic growth, recession and climate change on young children and families

Economic progress and widening inequalities

51. The first decade of the twenty-first century has witnessed strong economic growth, including in many of the world's poorer countries. Progress towards the Millennium Development Goals has been steady, and young children have benefited in terms of resources available to their families, as well as improved infrastructures and services. However, overall progress towards Millennium Development Goals at the global or even national level is not in itself an indicator of greater respect for the rights of all young children, particularly the most disadvantaged. The benefits of economic growth have not been enjoyed equally between and within countries. On the basis of the World Bank's *World Development Indicators*, inequalities as measured by the Gini coefficient have increased in the 2000s compared to the 1990s in 49 out of the 86 countries for which data are available. The goal must be to achieve growth with equity. Increasing prosperity must go hand in hand with policies to ensure fairness and protect those less able to benefit from that growth.

Impact of crises and climate change on young children

52. According to the World Food Programme, climate change is forecast to increase the number of malnourished children by 24 million (or 21 per cent) by 2015. The biggest rise in the number of malnourished children will be in sub-Saharan Africa, where a 26 per cent increase is forecast in the number of children lacking adequate nutrients.

53. The combination of food and fuel price increases, followed by the global economic slowdown, has taken a toll on poor families through lower purchasing power, reduced access to social services and higher unemployment. This crisis comes on top of an existing human crisis, where half of the world was already living below the $2 per day poverty line. On top of the millions pushed into poverty in 2008 and 2009, the World Bank's latest estimates predict that as many as 90 million more people could fall into extreme poverty in 2010 as a result of the combined and lingering effects of the crisis.[22] Recent progress in reducing infant mortality is at risk of being undermined by the global slowdown.[23]

54. The world faces the risk of the marginalized and the poor being left out of economic recovery, thereby worsening inequity. The United Nations has called for a recovery for all, avoiding a reversion to the pre-crisis conditions that denied too

[22] *Global Economic Prospects 2010* (World Bank, Washington, D.C., 2010).

[23] "Infant mortality during economic downturns and recovery" (UNICEF, 2009).

many households a fair chance at a decent living.[24] Global stabilization and recovery debates must take into consideration the specific needs of vulnerable populations. Despite incipient signs of recovery, the need for public support for children remains great. The fiscal problems some countries face demand urgent action. The path of economic recovery, sustainable public budgets and long-term growth rates has far-reaching implications for disadvantaged children and families. It is imperative to consider the social impacts of economic policy choices and provide impetus for prioritizing public expenditures towards pro-poor and child-focused investments, addressing real output, incomes, employment and the urgent needs of vulnerable populations. These investments in children are key to a recovery for all.

55. Young children are the most vulnerable in any society by virtue of their sensitive developmental stage and dependency on others to protect and promote their best interests. Their level of resilience in the face of the impacts of economic shocks and other adversities is largely determined by the resources available to their mothers, fathers and other family members (or community-based caregivers) who take primary responsibility for their nurturing, health, well-being and physical and psychosocial security. Loss of livelihoods, demoralization and feelings of helplessness among family members affect the young child. This is especially true in households with few protective buffers, such as kin support, social and educational capital or material reserves. The chances of having access to quality services also decrease. Furthermore, young children are more likely to be initiated into working to try to support their family, or girls to be kept at home to look after younger siblings while parents work; and they are less likely to enrol in early childhood services or primary school. Expenditure reductions on health and education services and/or increases in costs to users directly or indirectly increase the probability of exclusion. The added risk to children is that the short-term coping strategies adopted by families could be detrimental in the longer term, because they lower the capacities of family members, including children, to benefit from, and contribute to, economic recovery.[25]

Child-sensitive social protection

56. Social protection is an effective strategy for States to protect the most disadvantaged populations. Child-sensitive social protection systems can mitigate the effects of poverty on families, strengthen families in their childcare role and enhance access to basic services for the poorest and most marginalized, including at-risk children living outside family care. However, social protection frameworks have not always effectively encompassed the specific needs of young children. In 2009 a joint statement by United Nations agencies and partners[26] set out principles of child-sensitive social protection, and the specific strategies that can achieve positive outcomes for children.

[24] "Voices of the vulnerable: recovery from the ground up" (United Nations Global Pulse, 2010).

[25] "Inclusive crises, exclusive recoveries, and policies to prevent a double whammy for the poor" (UNICEF, 2010).

[26] UNICEF, United Nations Development Programme, International Labour Organization, World Bank, United Kingdom Department for International Development, HelpAge International, Hope & Homes for Children, Institute of Development Studies, Overseas Development Institute and Save the Children UK.

57. While well-established social protection models that have yielded positive results for young children exist, such as Mexico's Oportunidades and Brazil's Programa Saúde da Família, 47 per cent of low- and middle-income countries have no social safety programmes (19 out of 49 low-income countries and 49 out of 95 middle-income countries).[6]

58. Social protection policies and programmes work best when they are based on a comprehensive assessment of influences, both macro and micro, on families and children, maintain core programmes and protect low-cost community-based programmes. Ensuring the maintenance of basic perinatal services and health and nutrition programmes is a priority for addressing the rights of the most disadvantaged in early childhood care and education and to expand social protection. Monitoring indicators of young children's well-being is an integral component of every social protection strategy, and an essential tool for gauging the progress made in implementing child rights in early childhood.

Way forward

59. All children are entitled to the full realization of rights, without discrimination, throughout their early childhood, as guaranteed by the Convention on the Rights of the Child and other internationally agreed instruments. They have the right to survive and to enjoy their early childhood and be fully respected both in their own right and as members of families, communities and nations, with their own concerns, interests and points of view. To exercise their rights, young children have particular requirements, including access to quality health and nutrition services and safe and emotionally fulfilling environments where they can play, learn and explore, under the responsive guidance of parents and other primary caregivers.

60. Many challenges remain in fully ensuring that young children's rights are fulfilled in a holistic manner that will guarantee that all children survive, thrive and develop to their full potential. Progress towards achievement of the Millennium Development Goals has had a positive impact on the young child's rights to survival, development, participation and protection, but progress remains slow. Achieving equity and reaching the most disadvantaged children and their families represents the greatest challenges in this area. Non-universal targets at the national or even the global level require additional attention to the most disadvantaged to avoid the risk of further marginalization.

61. Governments, international actors, civil society, communities and families can strengthen their efforts to ensure the full realization of children's rights in early childhood, by constructing a positive agenda, working towards a long-term vision for the holistic development of the child during this critical phase of the life cycle. This agenda includes promoting respect for the rights of the young child in national policies and programmes and in everyday settings, including ensuring protection from all forms of violence, abuse and exploitation and ensuring that the young child has the right to be heard within families, in childcare, health and education services, in legal proceedings and in the development of policies and programmes. States are encouraged to:

(a) **Establish a framework of laws, policies and programmes ensuring that the rights of the child are implemented within a continuum of care (maternal, newborn, child health), education and protection throughout the early years of life, including:**

(i) Developing a plan for the realization of children's rights in early childhood that is comprehensive in scope, is supported by operational strategies with clear goals, timelines and adequate resources, and is aimed at ensuring the development of the child's fullest potential, protecting young children from all forms of violence, abuse and exploitation, and maximizing opportunities for their voice to be heard in all matters that affect them. These strategies should involve all levels of government and include civil society partners;

(ii) Supporting research, monitoring and evaluation studies on young children's rights, development and well-being, including the identification of indicators that are universally accepted, locally relevant and easily applied;

(b) Promote comprehensive community-based strategies that are cross-sectoral in their scope and organization, and that include:

(i) Strengthening the care environment into which the child is born, ensuring that mother and infant have access to a package of essential interventions and services, including antenatal care, birth at quality facilities, newborn and postnatal care, proper nutrition and formal and informal networks of support and protection;

(ii) Ensuring that all children are registered at birth through an accessible birth registration system that is without cost to families;

(iii) Developing and regulating early childhood care and education programmes in ways that enhance the quality of children's lives and strengthen their health, growth, learning and development;

(c) Implement pro-equity strategies for early childhood, beginning with a strategy to achieve all the Millennium Development Goals with equity. Successful pro-equity strategies for early childhood include:

(i) Realizing every child's right to birth registration; survival, health and development; protection from all forms of violence, abuse and exploitation; quality care and education; and positive opportunities for participation;

(ii) Providing adequate child-centred social protection to ensure that there is a buffer for the most vulnerable children and families, along with quality early childhood care and education programmes targeted especially to individuals and groups that are most disadvantaged and most at risk of social exclusion or discrimination;

(iii) Monitoring the changing situation of children and families faced with major shocks, including those associated with economic and social change and natural and man-made disasters, and ensuring that data are timely and sufficiently detailed to allow informed, effective and appropriate interventions;

(d) Strengthen awareness and recognition of rights in early childhood, including:

(i) **Supporting and empowering parents, families and communities to fulfil their responsibilities as primary duty bearers, including through adequate legislation, and support, education and awareness programmes for parents;**

(ii) **Building capacity in the area of early childhood rights and increasing the knowledge of all duty bearers, including professionals and policymakers across all sectors and at all levels, as well as community and civil society leaders and children themselves as the rights holders;**

(iii) **Fostering inclusive institutional practices and structures that promote culturally appropriate and child-centred interventions and anti-discrimination training for professionals;**

(e) **In collaboration with United Nations agencies, establish a global alliance to advocate for the full implementation of the Convention on the Rights of the Child and its Optional Protocols in early childhood, to leverage resources and to monitor progress towards the fulfilment of every young child's rights throughout early childhood.**